

## Office of the State Fire Marshal Licensing Section 8181 Independence Boulevard, Baton Rouge, LA 70806 (225) 925-4911 1-800-256-5452 Fax (225) 925-3699 www.lasfm.org



## LIFE SAFETY AND PROPERTY PROTECTION FIRM APPLICATION

\*\* All fees are NON-REFUNDABLE\*\*

Place a check $(\checkmark)$ next to the type of	application applying for:	
( ) Initial (Fees on Next Page) (New or reinstatement)	( ) Renewal	( ) Revision
Reason for Revision (please check or	ne): ( ) New Endorsement(	(s) ( ) New Qualifier
( ) Change of address ( ) Ch	ange in Ownership ( ) C	Change of Firm Name
*PLEASE PRINT ALL & SIGN IN I	BLUE INK ONLY*	SFM License #
Name of Firm.		STW License #
Firm's Physical Location:	Firm's Physical City:	State: Zip Code:
Firm's Mailing Address:	Firm's Mailing City:	State: Zip Code:
Firm's Phone Number:	E'man Sa Dhanna Nasanhann	E'my b E - Name Land
Firm's Phone Number:	Firm's Phone Number:	Firm's Fax Number:
Firm's E-Mail Address:		
N. CE. A.C. (A.D.	E' 1 D 1 L	CDI : IX /
Name of Firm's Contact Person:	Firm's Parish of	f Physical Location:
Firm's Agent of Service and Address: (For physical office within Louisiana)	out of state Life Safety firms only-P	Property Protection firms must have a

Please mail completed application, along with the proper attachments, photos and fees to the address listed above.

Name of Firm:	License #	•
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Place a check ( $\sqrt{ }$ ) on the <u>left</u> side of the endorsement (license) for which you are applying or renewing:

Check Here	LIFE SAFETY	Initial Fee	Renewal Fee	Check Here	PROPERTY PROTECTION	Initial Fee	Renewal Fee
	Fire Sprinkler	\$500	\$250		Security	\$250	\$50
	Fire Alarm	\$350	\$100		Closed Circuit TV	\$250	\$50
	Fire Alarm (Non-Required)	\$350	\$50		Household Fire	\$250	\$50
	Fire Alarm (Owner)	\$350	\$50		Locksmith	\$250	\$50
	Fixed Fire Suppression	\$350	\$100		Door Hardware	\$250	\$50
	Pre-Engineered	\$350	\$100		Door Hardware Consultant	\$250	\$50
	Kitchen Suppression	\$350	\$50		Bank Locking	\$250	\$50
	Fire Extinguishers & Hoses	\$350	\$150		Detention Locking	\$250	\$50
	DOT Hydrostatic Testing	\$350	\$50		Special Locking (Electronic Locking Systems)	\$250	\$50
					Gate Systems	\$250	\$50

	Testing				Locking Systems)		
					Gate Systems	\$250	\$50
				Question	<u>us</u>		
	•				or in another state for the so. If yes, please explain:	same endors	sement for
to the f by any	•	ing but no authority	ot limited to?	•	administrative or discipling arning, suspension or revo	•	
	your firm, owner, pruthority? ( ) Yes				nied a license, for any reas lain:	son, by fede	ral, state or
	e any owners/officers	s been co	nvicted of a	felony, r	for a Property Protection eceived a first time offend by charged? ( ) Yes (	er pardon fo	or a felony

If yes, please explain:

NOTE: If additional space is needed to answer questions, please attach a separate sheet of paper.

2 Revised 1/24/2019

Name of Firm:	License #
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Please fill out the name and license number of the designated qualifier for the firm next to each endorsement type. A qualifier is needed for all endorsements that the firm carries. A firm can have multiple qualifiers for each endorsement. The designated qualifier for all endorsement types MUST live within 150 miles from the office in which he/she qualifies. Any additional qualifiers can be added to the back of this form.

Life Safety Endorsements	Name	License #
Fire Sprinkler		
Fire Alarm		
Fire Alarm (Non-Required)		
Fire Alarm Owner		
Fixed Fire Suppression		
Pre-Engineered		
Kitchen Suppression		
Fire Extinguishers/Hoses		
DOT Hydrostatic Testing		
<b>Property Protection Endorsements</b>	Name	License #
Security		
Closed Circuit Television		
Locksmith		
Locksmith  Door Hardware Consultant		
Door Hardware Consultant		
Door Hardware Consultant  Door Hardware		
Door Hardware Consultant  Door Hardware  Bank Locking		

Name of Firm:	License #	
corporations, <u>all</u> partners, j	tion below that applies to your company. In the case of partnerships and orincipals and officers personal information must be shown. A principal is define the corporation, is a board member or holds at least 5% interest in the compa	
Place a check (✓) next to the t	ype of firm's Ownership: ( ) Corporation/LLC ( ) Partnership ( ) Individu	ıal
understood its contents. I also	CERTIFICATION formation contained in this application is true and correct and that I have read and understand that any willful omission or falsification of pertinent information required for the denial, suspension and/or revocation of my firm's license.	in
falsification of pertinent inform	at the firm's licensed employees are W-2 paid. I understand that any willful omission of pation is justification for denial, suspension or revocation of firm's & employee's licenses that (R.S. 40:1664.6(A-H) and 1664.7(A-E))	
felony or entered a plea of guilt the State Fire Marshal to make	clow that I have not been convicted of a felony, received a first time offender pardon for y or nolo contendere on any felony charge. I also by signature below authorize the Off a criminal records check using identifying information provided in this application an ests in that information for the limited purposes of this application.	fice of
<ul><li>Also, include a copy</li><li>Signatures of all print</li></ul>	ndorsements are not subject to background checks. of all principals driver's license. ncipals are still required. firms must have a physical office within Louisiana.	
	PLEASE SIGN IN BLUE INK ONLY! ign, date and MUST fill out ALL of the personal information. Also, include a copy slicense. For more than (3) principals, please use the back of this sheet or make a copy	<i>7</i> •
Principal (Print Name)		
Signature		
Date of Signature		
SSN		
Date of Birth		_
Driver's Lic. # /State of Lic.		_
Race/Gender		
Office use only:		
<b>Background Check</b>		
	All Owners, Partners, Officers and/or Principals Must Sign. Additional signatures can be made on back of this sheet of paper.	



## **DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS**

#### OFFICE OF THE STATE FIRE MARSHAL



## AFFIDAVIT FOR EMPLOYEE QUALIFIER

I hereby certify and declare th		firm listed below and qualify:	I live within 150 miles of the office	for whic
	(Nar	ne of Firm)		
Please	e place a check on the left side	of all the endorsemen	t(s) that you qualify:	
Fire Sprinkler Designer	Pre-Engineered	Security	Bank Locking	
Fire Alarm	☐ Kitchen Suppression	☐ Household Fire	Special Locking	
Fire Alarm (Non-required	I) Tire Extinguisher/Hoses	□ сст∨	☐ Detention Locking	
Fire Alarm (Owner)	□ DOT Hydrostatic Testing	Locksmith	☐ Gate Systems	
Fixed-Fire Suppression		□ Door Hardware	<ul><li>Door Hardware</li><li>Consultant</li></ul>	
employed by the aforementic regularly reviewing the daily l as a qualifying employee.	oned firm. I will provide direct s ife safety and property protecti	upervision of the firm' on activity of the emp	narshal licensed capacity as long as I s employees by routinely engaging loyees of the firm as long as I am en	in and
Thus done and signed on the	day of	, 20		
(Name of Qu	ualifier)		(Name of Owner)	_
(Signature of C	 Qualifier)		(Owner's Signature)	-

OFFICE OF THE STATE FIRE MARSHAL, LICENSING SECTION 8181 INDEPENDENCE BLVD. BATON ROUGE, LA 70806 (225) 925-4911 1-800-256-5452 FAX 225-925-3699 www.lasfm.org



# OFFICE OF THE STATE FIRE MARSHAL



### **VEHICLE REGISTRATION FOR OUT OF STATE FIRMS**

FIRM NAME:	LICENSE#
Title 55 PL	JBLIC SAFETY Part V. Fire Protection
Chapter 31. Fire Sprinkle	er Systems and/or Equipment and Fire Hose Rules

Marking of Vehicles. All service vehicles owned or operated by firms or their employees used for regulated activities, as defined by R.S. 40:1664.1 et seq., and these rules shall have the firm name and firm certificate number permanently inscribed, painted, stenciled or affixed by magnetic means on such vehicles. Such markings shall be a minimum of 2 1/2 inches in height and not less than 1/4 inch in width. Letters and numbers shall be on a contrasting background and be conspicuously seen from the outside of the vehicle.

**For out of state firms**, include a list of all vehicles which shall come into this state to conduct activity regulated by R.S. 40:1664.1 et seq., and these rules. The list shall include the vehicle's make, model, year and license number.

Registration Certification is \$20.00 per vehicle. This is required of new firms and renewals of all out of state firms. If you need additional space please use back of page. This fee may be added to your renewal fees.

Vehicle's Make	Vehicle's Model	Vehicle's Year	Vehicle License #	Vehicle State

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All firms, please attach a copy of your service tags to the front and back of this form and submit with the firm application. This includes, blue, green, yellow, red and installation tags.

Name of Firm:	SFM License #

## **FIRM CHECK LIST**

\*\*\*Please use the applications that can be found on our website.\*\*\*

\*\*\*Licenses are to be renewed before the expiration date.\*\*\*

NOTE: If <u>ALL</u> items, pertaining to your firm, on this list are not submitted with the required fees, then it will be returned to the firm and you will have to resubmit. Please see our website, listed below, for more information on the check list items.

Completed Firm Application on new application with current <b>E-mail address</b> listed for the firm
Signatures of owners/principals on Firm Application in blue ink – MUST have full social security #, driver's license # /state and all information filled in.
\$500,000 General Liability insurance certificate faxed or mailed from insurance agent
Worker's Compensation insurance certificate faxed or mailed from insurance agent
Copy of current/valid driver's license of <b>ALL</b> Principal/Owner(s) of the firm
Copy of current NICET certificate or certificate of completion results for all requirements of applicants and/or qualifiers
The qualifier of each endorsement must fill out an affidavit. It does NOT need to be notarized. All qualifiers MUST live within 150 miles of the firm in which they qualify.
Send Only <b>ONE</b> Company Check or Money Order, made out to the Office of the State Fire Marshal, for the firm and all employee applications (Please DO NOT staple check to application)
<b>ALL</b> firms shall send a sample of each color service tag (blue, green, yellow & red), white installation tag and 6 yr./hydro test label with the application. (form is attached to the application)
Vehicle Registration for out-of-state Fire Protection & Sprinkler Firms (form attached to the application)
<u>ALL</u> NEW/INITIAL Property Protection firm principals/owners and employees must send in a fingerprint card, background check form and a <b>check made payable to the <u>Department of Public Safety</u> for each background check</b> . Also, employees that have been out of the industry for more than two years or an employee adding a property protection endorsement for the first time must send in a fingerprint pack.

NOTE: Fingerprints are not required at renewal.

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